

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H-V		
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	20	7/25
FORMALITY REVIEW	<i>[Signature]</i>	1020	01/23/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	2	
2	✓	3	
3	✓	4	
4	✓	5	
5	✓	6	
6	✓	7	
7	✓	8	
8	✓	9	
9	✓	10	
10	✓	11	
11	✓	12	
12	✓	13	
13	✓	14	
14	✓	15	
15	✓	16	
16	✓	17	
17	✓	18	
18	✓	19	
19	✓	20	
20	✓	21	
21	✓	22	
22	✓	23	
23	✓	24	
24	✓	25	
25	✓	26	
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27	✓	28	
28	✓	29	
29	✓	30	
30	✓	31	
31	✓	32	
32	✓	33	
33	✓	34	
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35	✓	36	
36	✓	37	
37	✓	38	
38	✓	39	
39	✓	40	
40	✓	41	
41	✓	42	
42	✓	43	
43	✓	44	
44	✓	45	
45	✓	46	
46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
51	✓	52	
52	✓	53	
53	✓	54	
54	✓	55	
55	✓	56	
56	✓	57	
57	✓	58	
58	✓	59	
59	✓	60	
60	✓	61	
61	✓	62	
62	✓	63	
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67	✓	68	
68	✓	69	
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87	✓	88	
88	✓	89	
89	✓	90	
90	✓	91	
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93	✓	94	
94	✓	95	
95	✓	96	
96	✓	97	
97	✓	98	
98	✓	99	
99	✓	100	

Claim	Final	Original	Date
101	✓	102	
102	✓	103	
103	✓	104	
104	✓	105	
105	✓	106	
106	✓	107	
107	✓	108	
108	✓	109	
109	✓	110	
110	✓	111	
111	✓	112	
112	✓	113	
113	✓	114	
114	✓	115	
115	✓	116	
116	✓	117	
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121	✓	122	
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126	✓	127	
127	✓	128	
128	✓	129	
129	✓	130	
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133	✓	134	
134	✓	135	
135	✓	136	
136	✓	137	
137	✓	138	
138	✓	139	
139	✓	140	
140	✓	141	
141	✓	142	
142	✓	143	
143	✓	144	
144	✓	145	
145	✓	146	
146	✓	147	
147	✓	148	
148	✓	149	
149	✓	150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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574